

**ARIZONA HEALTH ACADEMY  
MARICOPA INTEGRATED HEALTH SYSTEM**

# STUDENT RECOMMENDATION FORM - 2004

APPLICANT NAME:

SCHOOL:

*This student has asked you to provide an assessment of his/her suitability as a participant in the demanding **seven-week Arizona Health Academy at Maricopa Medical Center**. This program is highly selective and a class size of seventeen is selected each summer. We are interested in selecting students who have previously demonstrated an interest in health careers (or who could benefit from learning about such options); demonstrated academic achievement (or are capable of handling a college curriculum in the future although their current grades may not reflect this), and who are emotionally mature, responsible, and demonstrate integrity. The student's personal qualities are especially important due to the daily interaction with our patients in the hospital and/or outpatient clinics. Thank you for taking the time to provide this important evaluation.*

***Please rate the applicant by checking the appropriate box, which represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had the same amount of education and experience.***

[illegible]

<b>RESOURCEFULNESS:</b> Ability to discover new resources and to manage new and already present resources skillfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RELIABILITY:</b> Dependability, sense of responsibility, promptness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEADERSHIP:</b> Ability to initiate, lead and/or supervise others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNICATION SKILLS (Overall):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills: Clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written skills: Clarity and conciseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSEVERANCE:</b> Stamina and endurance to focus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INTEGRITY:</b> Honesty, probity, trustworthiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CREATIVITY:</b> Ability to generate new and novel ideas or approaches to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please check your overall evaluation of the applicant:</b> <input type="checkbox"/> Outstanding Candidate (top 5%) <input type="checkbox"/> Excellent Candidate (next 10%) <input type="checkbox"/> Very good candidate (next 20%) <input type="checkbox"/> Good candidate (next 40%) <input type="checkbox"/> Fair candidate (next 20%) <input type="checkbox"/> Poor Candidate (bottom 5%)						

**In what capacity do you know the applicant?**

**Student's strengths as you see them:**

**Student's weaknesses as you see them:**

**Please provide any additional information that would be helpful to the Arizona Health Academy.**

\_\_\_\_\_  
Evaluator's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Department

(    )    -  
Phone Number

\_\_\_\_\_  
Name of School and Address

\_\_\_\_\_  
City, State and Zip Code

***Please give sealed evaluation to student for inclusion in application packet OR fax to (602) 344-0955 OR mail evaluation to the following: Jasmine Tashman, Program Coordinator - Arizona Health Academy 2601 E. Roosevelt –Administration Building Phoenix, AZ 85008. For additional program information please contact Jasmine at (602) 344-5754. Thank you for taking the time to provide this important evaluation.***

***EVALUATION RECEIPT DEADLINE: April 2, 2004***